

SBAQ REQUEST

NASW 7430/1 (REV 9/95)

From: _____
Last Name First MI Rate SSN Date UTC

To: Commanding Officer, Naval Air Station Whidbey Island, Oak
Harbor, WA 98278

Via: Commanding Officer/Officer in Charge (Current Command/
Squadron)

Subj: REQUEST FOR SINGLE BASIC ALLOWANCE FOR QUARTERS

Ref: (a) NAVPERS MANUAL 15606
(b) NASWHIDBEYINST 7431.1F

1. Per reference (a) and (b), I hereby request single basic allowance for quarters.

2. I understand my SBAQ will cease if I am in a disciplinary status, reside in the BQ, or absent for more than 90 days. I also understand that knowingly presenting a request which contains a false statement is a violation of Article 132 of UCMJ (punishable up to a maximum of 5 years confinement at hard labor and dishonorable discharge).

3. E1-E4 Personnel - I understand that I must receive financial counseling from my Department Head, XO, or Command Financial Counselor, which requires page 13 documentation as per reference (a).

4. I understand that if I am applying for consideration due to hardship, I am required to attach all documents pertinent to my hardship (i.e., proof of household goods shipment, weight slips, etc.).

Signature of Member

DEPARTMENT/UNIT/COMMAND

Recommended
() Yes () No Name _____ Date _____

Recommended
() Yes () No Name _____ Date _____

Approved
() Yes () No Name _____ Date _____

Remarks:

**SBAH REQUEST
CBH OFFICER**

____ Command endorsement
____ Financial counseling

____ %
BQ Occupancy Rate As of _____

____ %
Current Command Occupancy As of _____

CBH Officer Signature Date _____

NAS COMMANDING OFFICER FINAL APPROVAL/DISAPPROVAL

From: Commanding Officer, Naval Air Station Whidbey Island
To: Commanding Officer in Charge _____

1. Approved/Disapproved as of: _____
Date Signature

2. Reason for Approval/Disapproval is based on the following:

- () Previously drew SBAH and has accumulated excess household goods IAW ref(a)
() Member is a paygrade of E-5 or above
() Member is a pregnant service woman with confirmation of pregnancy
() Member is married to another service member with no dependents and other service member is stationed outside a 50 mile radius.
() Other: _____

BACHELOR QUARTERS FRONT DESK

Member properly checked out of barracks on this date: _____ by _____
Front Desk Clerk 2701

PSD ENDORSEMENT

Effective start date of SBAH determined by PSD based upon checkout from Bachelor Housing.

Effective Date Signature